

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Self-Hardening Calcium Phosphate Materials with
High Resistance to Fracture, Controlled Strength
Histories and Tailored Macropore Formation
Rates

Attorney Docket Number:: 10118.00011

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency:: National Institute of Dental and Craniofacial
Research

Contract or Grant Numbers:: R29 DE12476 and DE11789

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Huakun
Middle Name::
Family Name:: Xu
Name Suffix::
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 112 Apple Blossom Way
City of mailing address:: Gaithersburg
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Laurence
Middle Name:: C.
Family Name:: Chow
Name Suffix::
City of Residence:: Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 11908 Ambleside Drive

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City of mailing address:: Potomac
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shozo
Middle Name::
Family Name:: Takagi
Name Suffix::
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State or Province of Residence:: MD
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State or Province of mailing address:: MD
Country of mailing address:: US
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Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Frederick
Middle Name:: C.
Family Name:: Eichmiller
Name Suffix::

City of Residence:: Ijamsville
 State or Province of Residence:: MD
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 City of mailing address:: Ijamsville
 State or Province of mailing address:: MD
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 21754

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application:: This application	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assign e Information

Assignee name:: American Dental Association Health
Foundation
Street of mailing address:: 211 East Chicago Avenue
City of mailing address:: Chicago
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60611